

I. CASE FACTORS

CDC NUMBER		NAME (LAST, FIRST, MI)		COUNTY OF COMMITMENT	COUNTY OF LAST LEGAL RESIDENCE
<input type="checkbox"/> NEW FELON	<input type="checkbox"/> PVWNT	CI&I #:	PLACEMENT SCORE	INSTITUTION	SCHEDULED RELEASE DATE
US ICE HOLDS PLACED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE US ICE "A" NUMBER	ILLEGAL ALIEN: <input type="checkbox"/> ACTUAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> PREVIOUSLY DEPORTED		
OTHER HOLD(S) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE AGENCY AND HOLD NUMBER	REFERRED TO DMH PURSUANT TO: <input type="checkbox"/> 2962 PC <input type="checkbox"/> 6601 W&IC STATUS:		

II. NOTIFICATION AND REGISTRATION REQUIREMENTS / SPECIAL INTEREST

NOTIFICATION:		SPECIAL INTEREST:	
<input type="checkbox"/> 3058.6 PC	<input type="checkbox"/> 3058.8 PC	<input type="checkbox"/> 3058.9 PC	<input type="checkbox"/> PUBLIC INTEREST CASE
<input type="checkbox"/> 11150 PC	<input type="checkbox"/> NONE		<input type="checkbox"/> SUBSTANCE ABUSE PROGRAM <input type="checkbox"/> SECURITY HOUSING UNIT
REGISTRATION:		OTHER REQUIREMENTS:	
<input type="checkbox"/> 11590 H&S	<input type="checkbox"/> 290 PC	<input type="checkbox"/> 457.1 PC	<input type="checkbox"/> 186.30 PC
<input type="checkbox"/> SVP SCREENING FORM COMPLETED		<input type="checkbox"/> NONE	
<input type="checkbox"/> REQUESTS OUT OF COUNTY TRANSFER		<input type="checkbox"/> REQUESTS OUT-OF-STATE PAROLE	
HAVE YOU SERVED IN ANY BRANCH OF THE US MILITARY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

RESIDENCE PLANS	WITH WHOM	RELATIONSHIP	PHONE NUMBER
	STREET ADDRESS	CITY	COUNTY (STATE, IF INTERSTATE)
ALTERNATE CONTACT	WHOM	RELATIONSHIP	PHONE NUMBER
	STREET ADDRESS	CITY	COUNTY (STATE, IF INTERSTATE)
EMPLOYMENT PLANS	PRIMARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER
	SECONDARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER

III. SUPERVISION DETERMINATION BY CORRECTIONAL COUNSELOR

a. Check ALL that apply on the CURRENT TERM only: <input type="checkbox"/> PC 667.5(c) <input type="checkbox"/> PC 1192.7(c) <input type="checkbox"/> LIFE SENTENCE If any box is marked above, inmate MUST be supervised by DAPO	b. PC 3000 exclusion If this box is marked, DAPO supervision only	c. HRSO SCORE <input type="checkbox"/> Not applicable	d. DIVISION OF ADULT PAROLE OPERATIONS SEND TO PAROLE REGION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	e. <input type="checkbox"/> ELIGIBLE FOR COUNTY SUPERVISION
CORRECTIONAL COUNSELOR NAME (PRINT)		CORRECTIONAL COUNSELOR SIGNATURE	PHONE NUMBER AND EXTENSION	DATE SIGNED

IV. SUPERVISOR REVIEW AND APPROVAL OF SCREENING DETERMINATION

<input type="checkbox"/> I HAVE REVIEWED AND APPROVE THIS SUPERVISION DETERMINATION		
CORRECTIONAL COUNSELOR SUPERVISOR NAME (PRINT)	CORRECTIONAL COUNSELOR SUPERVISOR SIGNATURE	DATE SIGNED

V. COUNTY AGENCY REPORTING INSTRUCTIONS

ASSIGNED COUNTY UNIT	SCREENER'S NAME (PRINT)	SCREENER'S SIGNATURE	PHONE NUMBER AND EXTENSION
<input type="checkbox"/> REPORT TO SUPERVISING COUNTY AGENCY:			
COUNTY OFFICE:			PHONE NUMBER AND EXTENSION:
ADDRESS:		CITY:	STATE:
COUNTY REPRESENTATIVE (Print Last Name, First Name)		SIGNATURE	DATE SIGNED

VI. CDCR PAROLE REPORTING INSTRUCTIONS

ASSIGNED PAROLE UNIT	RE-ENTRY SCREENER'S NAME (PRINT)	RE-ENTRY SCREENER'S SIGNATURE	PHONE NUMBER AND EXTENSION
COUNTY OF RESIDENCE	STATE	<input type="checkbox"/> CDCR SUPERVISION LEVEL: _____	
<input type="checkbox"/> RELEASE WITH FULL FUNDS <input type="checkbox"/> RELEASE WITH \$ _____ (BALANCE TO PAROLE UNIT)		<input type="checkbox"/> Release Per PC 3060.7 Guidelines	
<input type="checkbox"/> REPORT TO PAROLE AGENT: _____		<input type="checkbox"/> COMPAS Case Plan Approved	
PAROLE OFFICE _____ PHONE: _____		<input type="checkbox"/> Report As Follows (include date and time)	
STREET _____			
CITY _____ STATE _____			
PAROLE AGENT NAME (PRINT)	BADGE #	DATE SIGNED	SUPERVISOR SIGNATURE
			BADGE #
			DATE SIGNED

CDCR NUMBER	INMATE/PAROLEE NAME	DATE OF STUDY
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VII. CASEWORKER EVALUATION

LIST WORK SKILLS, GANG AND ENEMY INFORMATION, AND KNOWN FAMILY PROBLEMS:			NOTED	CLEAR
		812	<input type="checkbox"/>	<input type="checkbox"/>
		812A	<input type="checkbox"/>	<input type="checkbox"/>
		812B	<input type="checkbox"/>	<input type="checkbox"/>
		812C	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> VOCATIONAL PROGRAM:	<input type="checkbox"/> PIA:	<input type="checkbox"/> JOINT VENTURE PROGRAM:	GRADE POINT LEVEL
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VIII. SERIOUS DISCIPLINARIES

LIST CURRENT TERM RULES VIOLATION REPORTS FOR BATTERY ON STAFF OR INMATE, DISTRIBUTION OF DRUGS, POSSESSION OF A WEAPON, INCITING A DISTURBANCE, ARSON, ETC. IF SECURITY HOUSING UNIT BOX IS CHECKED IN SECTION II., SPECIAL INTEREST, THIS SECTION MUST BE COMPLETED:

IX. MEDICAL/PSYCHIATRIC

<input type="checkbox"/> NO DISABILITY	<input type="checkbox"/> DPP (Attach CDCR 1845)	<input type="checkbox"/> DD _____ (Attach CDCR 128C-2)	<input type="checkbox"/> EOP	<input type="checkbox"/> CCCMS	<input type="checkbox"/> KEYHEA
LIST SPECIFIC MEDICAL/MENTAL HEALTH, OUTPATIENT CLINIC NEEDS, AND MEDICAL CONCERNS/DISABILITIES :					
TB CODE	PER CDCR 128C DATED	CASEWORKER SIGNATURE AND DATE	PRINT LAST NAME	PHONE NUMBER AND EXTENSION	